

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/807783	FILING DATE		
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51			
2	1					52			
3	1					53			
4	1					54			
5						55			
6	5					56			
7	1					57			
8	1					58			
9	1					59			
10	1					60			
11						61			
12						62			
13						63			
14						64			
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40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	2					TOTAL IND.			
TOTAL DEP.	12	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓
TOTAL CLAIMS	14	↓	↓	↓	↓	TOTAL CLAIMS	↓	↓	↓